

Introduction and Overview of the Geriatric Assessment in Nursing

Overall Aim of the Course Unit

- To enable nurses to develop the knowledge and skills required to conduct a comprehensive geriatric assessment in order to identify the health, functional, psychological, and social needs of older adults, and to plan and provide holistic person-centered care that promotes their quality of life and independence.

What will learn in this course unit?

- Introduction to Geriatric Assessment in Nursing
- History Taking and Physical Assessment of older adults
- Functional Assessment
- Cognition and Mental Health Assessment
- Nutritional Assessment
- Assessment of Comorbidities
- Assessment of Medication and Polypharmacy
- Assessment of Frailty and Fall Risk
- Quality of Life Assessment
- Socioenvironmental Assessment
- Interdisciplinary Approach in Geriatric Assessment

Objectives:

- At the end of this lecture, participants should be able to:
 1. Define **Geriatric Assessment in Nursing** and understand its importance in elderly care.
 2. Identify the **key domains** assessed in geriatric assessment.
 3. Describe the **multidisciplinary approach** in conducting geriatric assessment.
 4. Explain the **benefits and outcomes** of geriatric assessment for older adults.

Geriatric Assessment in Nursing

- **Geriatric Assessment** is a process used by healthcare practitioners to assess the status of older adults.
- It is **multidimensional** –it takes account not just of medical diagnoses but also functional impairments and the environmental and social issues which affect patient wellbeing.
- It is **interdisciplinary** –it takes account of inputs not only from doctors but also nurses and allied health professionals.

Significance of proper geriatric assessment

- Assessment is the core and an essential part of the clinical care of older adults.
- It is a systematic approach to identifying the problems that are limiting a person's ability to thrive.
- It is based on standardized and specific tools designed to investigate specific domains
- It provides and coordinates an integrated plan for treatment, rehabilitation, support, and long-term care.
- The aim is to maximize the functional capacity and quality of life.

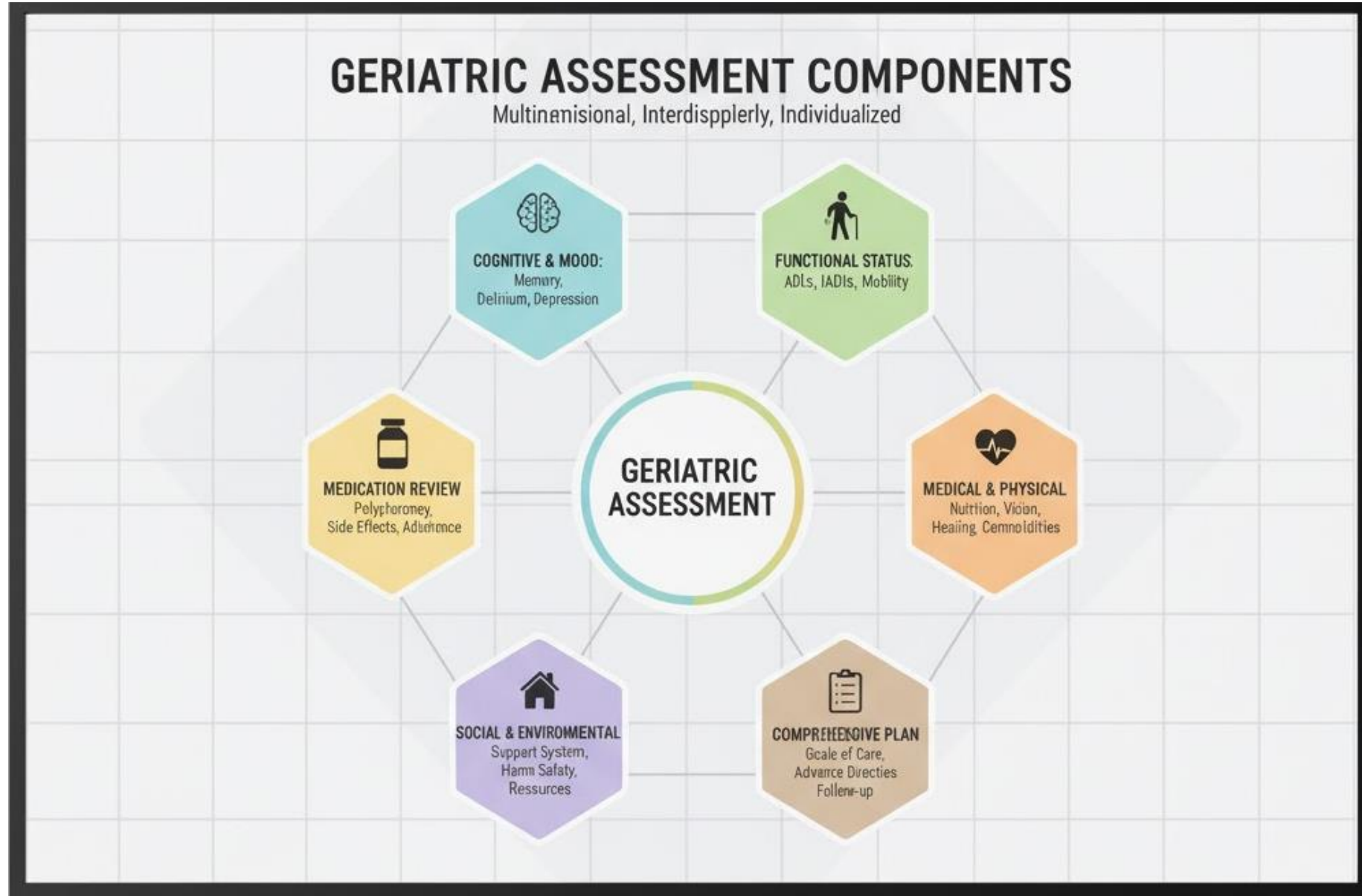
Key Domains of Geriatric Assessment

Domain	Assessment	Example
Functional status	ADLs/IADLs	Can the patient bathe, shop, etc.?
Physical health	H&P; Medication review	Look for polypharmacy, side effects
Cognitive/mental health	Dementia/depression screening	“Have you often been bothered by a lack of interest or pleasure in doing things?”
Socio-environmental factors	Home safety, caregiver burden, social barriers to care, nutritional risk	Fall risks, transportation issues, neighborhood safety

Components of Geriatric Assessment

- Physical Assessment
- Functional Assessment
- Cognition & Mental Health Assessment
- Nutritional Assessment
- Assessment of Comorbidities
- Assessment of Medication & Polypharmacy
- Assessment of Frailty & Fall Risk
- Quality of Life (QoL) Assessment
- Socio-environmental Assessment





Geriatric Assessment Components & Key Aspects to Assess

1. Physical Assessment

1. Vital signs (BP, HR, RR, Temp)
2. Mobility and gait
3. Muscle strength and joint function
4. Vision, hearing, and skin condition
5. Pain assessment

Physical Assessment Overview

- **Evaluates major body systems**

Cardiovascular/Circulatory Function, Respiratory Function, Neurological Function, Musculoskeletal Function, Gastrointestinal Function, Genitourinary Function, Integumentary Function, Endocrine Function, Hematological and Immunity Function, Sensory Function, Sexual Function

- **Detects age-related decline and disease**

Cardiovascular & Respiratory Assessment

- Pulse, BP, heart sounds, edema
- Respiratory rate, breath sounds, oxygen saturation

Neurological & Musculoskeletal Function

- Reflexes, balance, gait
- Joint mobility, muscle strength

Gastrointestinal & Genitourinary Systems

- Bowel habits, appetite, digestion
- Urinary incontinence, retention, prostate issues

Integumentary & Endocrine Function

- Skin integrity, wounds, dryness
- Glucose levels

Hematological, Immunity, Sensory Function

- Anemia, immune response
- Vision, hearing, taste, smell

Sexual Function Assessment

- Libido, dysfunction, communication
- Sensitive and respectful approach

Practical Session 1: Physical Assessment

- Hands-on experience on: vital signs, respiratory, joint mobility assessment
- Group demonstration

Functional Assessment Overview

- ADLs and IADLs
- Assessing independence in daily life



ADL Tools: Barthel and Katz Index

- Feeding, dressing, bathing
- Tool scoring and interpretation

IADL Tools: Lawton Scale

- Shopping, finance, medication use
- Gender-specific scoring

Assistive Devices & Fatigue Assessment

- Use of walking aids, hearing devices
- Fatigue Severity Scale

Practical Session 2: Functional Assessment

- Scoring ADL/IADL with a short case scenario

Assessing Activities of Daily Living (ADLs) in the Elderly

Case Scenario:

- **Patient Name:** Mrs. Kamala Perera
Age: 79 years
Medical History: Hypertension, mild osteoarthritis, early-stage dementia
Living Situation: Lives alone in her home, daughter visits twice a week
Chief Complaint: Difficulty managing daily tasks and feeling increasingly fatigued

Conduct an ADL Assessment

- Use a standardized tool such as:
- **Katz Index of Independence in Activities of Daily Living** (for basic ADLs)
- **Lawton-Brody Instrumental Activities of Daily Living Scale** (for IADLs)

Cognitive and Mental Health Overview

- Detecting cognitive decline
- Common syndromes: dementia, depression

Cognitive Tools: MMSE and MoCA

- MMSE: Orientation, memory
- MoCA: Executive function, cut-offs

Depression Scales: GDS & Hamilton

- Geriatric Depression Scale (15-item)
- Hamilton Depression Rating Scale

Assessing Dementia, Delirium, Loneliness

- CAM, 3D-CAM
- UCLA Loneliness Scale

Practical Session 3: MMSE/SGD

- Practical interview sessions
- Group analysis of cognitive scores

Mini-Mental State Examination (MMSE) in the Elderly

Case Scenario

- **Patient Name:** Mr. Gunaratne
Age: 82 years
Medical History: Type 2 diabetes, mild hearing loss, recent bereavement (wife passed away 3 months ago)
Living Situation: Lives with his eldest son and daughter-in-law
Presenting Concern: Increasing forgetfulness, occasionally misplacing items, and recently forgot a grandchild's name

Familiarize yourself with the **Mini-Mental State Examination (MMSE)**, which assesses the following cognitive domains

- Orientation (to time and place)
- Registration (immediate memory)
- Attention and Calculation (e.g., serial 7s or spelling “WORLD” backward)
- Recall (short-term memory)
- Language (naming, repeating, commands)
- Visual construction (copying a design)

Nutritional Assessment Overview

- Malnutrition risk, weight loss
- Impact on outcomes

Anthropometrics & Diet Assessment

- BMI, weight change, waist circumference
- Food frequency and restrictions

Malnutrition, Dehydration, Dysphagia

- Signs of malnutrition, dehydration
- Swallowing difficulty screening

Nutritional Supplementation & Planning

- Dietary needs and meal planning
- Balanced nutrition for elderly

Practical Session 3: Nutrition Tools

- Mini Nutritional Assessment (MNA)
- Swallowing screening activity

Mini Nutritional Assessment (MNA)

Case Scenario

- **Patient Name:** Mrs. Soma Jayasinghe

Age: 84 years

Medical History: Hypertension, cataracts (partially treated), chronic constipation

Living Situation: Lives with her younger sister, who is also elderly

Presenting Concern: Unintentional weight loss, reduced appetite, and fatigue over the past few months

Review the MNA Tool

- The **Mini Nutritional Assessment (MNA)** is a validated screening and assessment tool for identifying malnutrition or risk in older adults. It includes questions in the following domains:
- **Anthropometric measurements** (BMI, weight loss)
- **General assessment** (lifestyle, medication use, mobility)
- **Dietary assessment** (number of meals, food and fluid intake)
- **Subjective self-assessment** (perceived health and nutrition status)

MNA Scoring:

- **24–30** = Normal nutritional status
- **17–23.5** = At risk of malnutrition
- **<17** = Malnourished

Comorbidity Assessment

- Multiple diseases, increased risk
- Holistic management of health

Tools: CCI & CIRS-G

- Charlson Comorbidity Index
- CIRS-G Tool

Medication and Polypharmacy

- Risks of polypharmacy in elderly
- Reconciliation and review

Tools & Strategies

- STOPP Criteria
- Reducing adverse interactions

Frailty and Fall Risk Overview

- Predicting adverse outcomes
- Importance of screening

Frailty Indicators & Assessment

- Gait speed, grip strength, exhaustion
- Clinical Frailty Scale

Fall Risk Assessment

- Timed Up and Go (TUG) test
- Balance, home hazards

Practical Session 4: Timed Up and Go (TUG) Test in the Elderly

Case Scenario:

- **Patient Name:** Mr. Lakshman Fernando

Age: 77 years

Medical History: Osteoarthritis in both knees, mild diabetic neuropathy, history of one fall 6 months ago

Living Situation: Lives with his wife in a single-story house with a few steps at the entrance

Presenting Concern: Increasing difficulty in walking longer distances and occasional unsteadiness when getting up from a chair

- **Instructions to patient**

“When I say 'go', stand up from the chair, walk to the line (3 meters away), turn around, walk back, and sit down again—at your normal walking pace.”

TUG Interpretation Guidelines

<10 seconds: Normal mobility

10–20 seconds: Mild mobility issues, mostly independent

>20 seconds: Increased fall risk, mobility impairment

>30 seconds: High fall risk, significant impairment

Quality of Life & Socioenvironmental Assessment

- WHOQOL-BREF, OPQOL, SF-36
- Caregiver role and support

Multidisciplinary Team Approach in Geriatric Assessment

- **Interdisciplinary collaboration:** Regular team meetings to discuss findings and create a coordinated care plan.
- **Patient-centered care:** Tailoring interventions to individual needs and preferences.
- **Continuity of care:** Ensuring smooth transitions between hospital, home, and long-term care.

Who involve in Geriatric Assessment?



Multidisciplinary Team (MDT) in Geriatric Assessment

- 1. Geriatrician** – Leads the team, diagnoses medical conditions, and coordinates overall care.
- 2. Nurse** – Assesses functional status, provides patient education, and manages chronic conditions.
- 3. Physiotherapist (PT)** – Evaluates mobility, strength, and fall risk, and develops rehabilitation plans.
- 4. Occupational Therapist (OT)** – Assesses ADLs/IADLs and recommends home modifications for safety.
- 5. Pharmacist** – Reviews medications for polypharmacy, interactions, and inappropriate prescribing.
- 6. Dietitian/Nutritionist** – Assesses nutritional status and provides dietary recommendations.

Multidisciplinary Team (MDT) in Geriatric Assessment Cont..

Clinical Psychologist/Psychiatrist – Evaluates mental health and cognitive function, offering therapy or treatment.

• **Social Worker** – Assesses social support, financial status, and connects patients to community resources.

• **Speech & Language Therapist (SLT)** – Manages speech, language, and swallowing disorders if needed.

• **Palliative Care Specialist** – Provides symptom management and end-of-life care support.

• **Caregiver/Family Member** – Supports daily care, decision-making, and emotional well-being.

Benefits and outcomes of a proper Geriatric Assessment

- **Holistic Patient Evaluation** – Assesses medical, functional, psychological, and social –
Assesses medical, functional, psychological, and social aspects
- **Personalized Care Plans** – Tailors interventions to individual needs and goals.
- **Improved Coordination of Care** – Enhances communication among healthcare professionals.
- **Optimized Medication Management** – Reduces polypharmacy and adverse drug effects.
- **Enhanced Functional Independence** – Supports mobility, ADLs, and fall prevention.

Benefits and outcomes of Geriatric Assessment

Cont.

- **Early Detection of Health Issues** – Identifies frailty, cognitive decline, and comorbidities early.
- **Better Patient & Caregiver Education** – Provides guidance on disease management and home care.
- **Increased Quality of Life (QoL)** – Improves physical, emotional, and social well-being.
- **Reduced Hospitalization & Readmissions** – Prevents avoidable hospital stays and complications.
- **Supports Advance Care Planning** – Facilitates discussions on end-of-life care and preferences.

Summary & Closing

- Recap key components of Geriatric Assessment
- Encourage real-world implementation

References

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Thank you!

